



STATE OF HAWAII
DEPARTMENT OF HEALTH
4348 Waiālae Avenue, #648
Honolulu, Hawaii 96816



**Medical Marijuana (329) Registry
Applicant Data Entry Worksheet**

(Give this to your certifying physician for data entry purposes)

APPLICANT/QUALIFYING PATIENT INFORMATION	
First Name	
Middle Name	
Last Name	
Suffix	
ID Number	
ID Type ¹	
State or Country Issued	
Expiration Date	
Date of Birth	
Gender	
Residential Address ²	
City, Island	
Zip Code	
Mailing Address (Blank = Same as Residential Address)	
City	
Zip Code	
Primary Phone Number ³ (include area code)	
Secondary Phone Number (optional, include area code)	
Email Address (optional)	

¹ Driver's License, State ID, Passport (Book not Card), Birth Certificate (if minor under age 10)

² MUST include apt. # and street suffix (street, road, place, lane, Highway, etc.)

³ Contact information is required for verification purposes



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CAREGIVER INFORMATION (If applicable – REQUIRED for Applicant that is a minor or adult lacking legal capacity)	
First Name	
Middle Name	
Last Name	
Suffix	
ID Number	
ID Type ⁴	
State or Country Issued	
Expiration Date	
Date of Birth	
Gender	
Residential Address ⁵	
City, Island	
Zip Code	
Mailing Address (Blank = Same as Residential Address)	
City	
Zip Code	
Primary Phone Number ⁶ (include area code)	
Secondary Phone Number (optional, include area code)	
Email Address (optional)	

⁴ Driver's License, State ID, Passport (Book not Card), Birth Certificate (if minor under age 10)

⁵ MUST include apt. # and street suffix (street, road, place, lane, Highway, etc.)

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GROW SITE INFORMATION: WHO WILL GROW	
<u>MUST CHECK ONE OR THE APPLICATION WILL BE RETURNED</u>	
<input type="checkbox"/> Applicant/Qualifying Patient	
<input type="checkbox"/> Primary Caregiver will grow for Applicant/Qualifying Patient	
<input type="checkbox"/> Neither Applicant/Qualifying Patient nor Primary Caregiver will grow (NOT GROWING)	
LOCATION OF THE GROW SITE	
<u>MUST CHECK ONE IF YOU OR YOUR CAREGIVER WILL BE GROWING MEDICAL MARIJUANA</u>	
<u>MUST match data entered online</u>	
<input type="checkbox"/> Applicant/Qualifying Patient's Residence Address:	
<input type="checkbox"/> Applicant/Qualifying Patient's Other Address:	
<input type="checkbox"/> Primary Caregiver's Residence Address:	
<input type="checkbox"/> Primary Caregiver's Other Address:	

The registration of your grow site helps to protect YOU under Hawaii State law.

Grow Site Address Tips:

1. Use a complete street address with
 - a. HOUSE NUMBER,
 - b. Apartment Number,
 - c. Street suffix (i.e. street, road, highway)
2. Only use TMK as a last resort – remember,
 - a. Law Enforcement WILL enforce the compliance aspect of this program
 - b. It is highly unlikely that Law Enforcement will be searching with a TMK number
 - c. Descriptions (directions to your property) vary widely, it is unlikely that law enforcement will use the same description that you registered which may result in a NO MATCH result IF your grow site is searched in our data base
 - d. TMK numbers **MUST** be 9 digits in total (X-X-X-XXX-XXX)
Island code – 1 digit, Zone – 1 digit, Section – 1 digit, Plat – 3 digits, Parcel – 3 digits
3. Multiple Street names - If you live in an area that uses multiple names for the same street, use the most common street name (i.e. the name that is on the sign at the end of the road or that comes up on an internet search) AND provide the alternate street name in the Address 2 line – prefaced by “aka” or “also known as” so that staff don’t kick it back for being unclear or inconsistent.